

# DELINEATION OF CLINICAL PRIVILEGES - EMERGENCY MEDICINE

(For use of this form, see AR 40-68; the proponent agency is OTSG.)

1. NAME OF PROVIDER (Last, First, MI)	2. RANK/GRADE	3. FACILITY
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**INSTRUCTIONS:**

**PROVIDER:** Enter the appropriate provider code in the column marked "REQUESTED". Each category and/or individual privilege listed must be coded. For procedures listed, line through and initial any criteria/applications that do not apply. Your signature is required at the end of Section I. Once approved, any revisions or corrections to this list of privileges will require you to submit a new DA Form 5440.

**SUPERVISOR:** Review each category and/or individual privilege coded by the provider and enter the appropriate approval code in the column marked "APPROVED". This serves as your recommendation to the commander who is the approval authority. Your overall recommendation and signature are required in Section II of this form.

PROVIDER CODES	APPROVAL CODES
1 - Fully competent to perform	1 - Approved as fully competent
2 - Modification requested (Justification attached)	2 - Modification required (Justification noted)
3 - Supervision requested	3 - Supervision required
4 - Not requested due to lack of expertise	4 - Not approved, insufficient expertise
5 - Not requested due to lack of facility support	5 - Not approved, insufficient facility support

## SECTION I - CLINICAL PRIVILEGES

Requested	Approved		Requested	Approved	
		a. Altered levels of consciousness			w. Severe head and neck trauma
		b. Eye trauma or illness			x. Multiple trauma victims
		c. Dermatologic problems without systemic involvement			y. Thermal injuries and possible related inhalation injury
		d. Acute respiratory illnesses including acute respiratory failure			z. Critically burned patient
		e. Acute cardiac emergencies including cardiac failure, myocardial infarction, and cardiac arrhythmias			aa. Gunshot wounds or knife injuries excluding chest or neck
		f. Acute abdominal disorders/injury			ab. Uncomplicated pneumothorax (with or without tension)
		g. Gastrointestinal illness			ac. Acute compartment compression syndrome
		h. Poisoning			ad. In the absence of immediate consultant care, surgically manage leaking or ruptured thoracic aneurysm in life-threatening situations, inclusive of emergency thoracostomy and cross-clamping of the aorta, open cardiac massage, but not inclusive of bypass techniques or definitive repair
		i. Caustic ingestions			ae. In the absence of consultant care, surgically manage through-and-through wounds to the chest not inclusive of bypass techniques or definitive repair
		j. Electrical injury			af. In the absence of consultant care, appropriately apply ER techniques for evaluation of acute subdural hematomas
		k. Chemical or nuclear exposure/injury			ag. Management and supervision of mass casualty and triage
		l. Near drowning			ah. Supervision of pre-hospital and other EMT-provided care
		m. OB problems IAW local policy			ag. Management of routine ER administrative matters
		n. GYN problems (select one) including/excluding gravid patients			
		o. Management of rape or sexual assault victim			
		p. Acute psychiatric illness, suicidal patients			
		q. Alcohol and drug overdose, and withdrawal syndromes			
		r. Abscesses, thrombosed hemorrhoids, infected ingrown nails			
		s. Lacerations to include those involving more than one layer of closure			
		t. Animal and human bites			
		u. Musculoskeletal injury/trauma			
		v. Management of suspected cervical spine injury			

## PROCEDURES

Requested	Approved		Requested	Approved	
		a. All appropriate diagnostic testing			e. Arterial puncture
		b. X-ray and EKG interpretation			f. Arterial catheter placement
		c. Peripheral intravenous access			g. Cardioversion
		d. Central venous catheter placement			h. Lumbar puncture

**PROCEDURES (Continued)**

Requested	Approved		Requested	Approved	
		i. Pericardiocentesis			u. Ultrasound to include:
		j. Paracentesis			t. Transvenous and transthoracic temporary cardiac pacemaker placement
		k. Thoracentesis			(1) Focused abdominal sonography in trauma (FAST)
		l. Arthrocentesis			(2) Limited transvaginal and trans-abdominal ultrasound in pregnancy
		m. Gastric lavage			(3) Limited biliary ultrasonography
		n. Peritoneal lavage			(4) Limited aortic ultrasonography
		o. Use of MAST device in managing severe hypotension			(5) Limited echocardiography
		p. Airway maintenance including emergency crico-thyrotomy, nasotracheal and orotracheal intubation			(6) Limited procedural ultrasound (e.g., central venous access)
		q. Thoracostomy with/without intrathoracic suction			v. Sedation and analgesia for diagnostic/interventional procedures
		r. Ventilator management IAW arterial and venous blood gas data			w. Rapid sequence induction (RSI) with intubation
		s. Reduction of fractures/dislocations causing neurovascular compromise			

COMMENTS

SIGNATURE OF PROVIDER

DATE (YYYYMMDD)

**SECTION II - SUPERVISOR'S RECOMMENDATION**

Approval as requested ☐

Approval with Modifications (Specify below) ☐

☐

COMMENTS

DEPARTMENT/SERVICE CHIEF (Typed name and title)

SIGNATURE

DATE (YYYYMMDD)

**SECTION III - CREDENTIALS COMMITTEE RECOMMENDATION**

Approval as requested ☐

Approval with Modifications (Specify below) ☐

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COMMENTS

CREDENTIALS COMMITTEE CHAIRPERSON (Name and rank)

SIGNATURE

DATE (YYYYMMDD)



# EVALUATION OF CLINICAL PRIVILEGES - EMERGENCY MEDICINE

(For use of this form, see AR 40-68; the proponent agency is OTSG.)

1. NAME OF PROVIDER <i>(Last, First, MI)</i>	2. RANK/GRADE	3. PERIOD OF EVALUATION <i>(YYYYMMDD)</i>  FROM _____ TO _____
4. DEPARTMENT/SERVICE	5. FACILITY <i>(Name and Address: City/State/ZIP Code)</i>	

INSTRUCTIONS: Evaluation of clinical privileges is based on the provider's demonstrated patient management abilities appropriate to this discipline, and his/her competence to perform the various technical skills and procedures indicated below. All privileges applicable to this provider will be evaluated. For procedures listed, line through and initial any criteria/applications that do not apply. The privilege approval code (see corresponding DA Form 5440) will be entered in the left column titled "CODE" for each category or individual privilege. Those with an approval code of "4" or "5" will be marked "Not Applicable". Any rating that is "Unacceptable" must be explained in SECTION II - "COMMENTS". Comments on this evaluation must be taken into consideration as part of the provider's reappraisal/renewal of clinical privileges and appointment/reappointment to the medical staff.

## SECTION I - DEPARTMENT/SERVICE CHIEF EVALUATION

CODE	PRIVILEGE CATEGORY	ACCEPTABLE	UN-ACCEPTABLE	NOT APPLICABLE
	a. Altered levels of consciousness			
	b. Eye trauma or illness			
	c. Dermatologic problems without systemic			
	d. Acute respiratory illnesses including acute respiratory failure			
	e. Acute cardiac emergencies including cardiac failure, myocardial infarction, and cardiac arrhythmias			
	f. Acute abdominal disorders/injury			
	g. Gastrointestinal illness			
	h. Poisoning			
	i. Caustic ingestions			
	j. Electrical injury			
	k. Chemical or nuclear exposure/injury			
	l. Near drowning			
	m. OB problems IAW local policy			
	n. GYN problems (select one) including/excluding gravid patients			
	o. Management of rape or sexual assault victim			
	p. Acute psychiatric illness, suicidal patients			
	q. Alcohol and drug overdose, and withdrawal syndromes			
	r. Abscesses, thrombosed hemorrhoids, infected ingrown nails			
	s. Lacerations to include those involving more than one layer of closure			
	t. Animal and human bites			
	u. Musculoskeletal injury/trauma			
	v. Management of suspected cervical spine injury			
	w. Severe head and neck trauma			
	x. Multiple trauma victims			
	y. Thermal injuries and possible related inhalation injury			
	z. Critically burned patient			
	aa. Gunshot wounds or knife injuries excluding chest or neck			
	ab. Uncomplicated pneumothorax (with or without tension)			
	ac. Acute compartment compression syndrome			
	ad. In the absence of immediate consultant care, surgically manage leaking or ruptured thoracic aneurysm in life-threatening situations, inclusive of emergency thoracostomy and cross-clamping of the aorta, open cardiac massage, but not inclusive of bypass techniques or definitive repair			
	ae. In the absence of consultant care, surgically manage through-and-through wounds to the chest not inclusive of bypass techniques or definitive repair			
	af. In the absence of consultant care, appropriately apply ER techniques for evaluation of acute subdural hematomas			

CODE	PRIVILEGE CATEGORY	ACCEPTABLE	UN-ACCEPTABLE	NOT APPLICABLE
	ag. Management and supervision of mass casualty and triage			
	ah. Supervision of pre-hospital and other EMT-provided care			
	ag. Management of routine ER administrative matters			
	<b>PROCEDURE/SKILL</b>			
	a. All appropriate diagnostic testing			
	b. X-ray and EKG interpretation			
	c. Peripheral intravenous access			
	d. Central venous catheter placement			
	e. Arterial puncture			
	f. Arterial catheter placement			
	g. Cardioversion			
	h. Lumbar puncture			
	i. Pericardiocentesis			
	j. Paracentesis			
	k. Thoracentesis			
	l. Arthrocentesis			
	m. Gastric lavage			
	n. Peritoneal lavage			
	o. Use of MAST device in managing severe hypotension			
	p. Airway maintenance including emergency crico-thyrotomy, nasotracheal and orotracheal intubation			
	q. Thoracostomy with/without intrathoracic suction			
	r. Ventilator management IAW arterial and venous blood gas data			
	s. Reduction of fractures/dislocations causing neurovascular compromise			
	t. Transvenous and transthoracic temporary cardiac pacemaker placement			
	u. Ultrasound to include:			
	(1) Focused abdominal sonography in trauma (FAST)			
	(2) Limited transvaginal and trans-abdominal ultrasound in pregnancy			
	(3) Limited biliary ultrasonography			
	(4) Limited aortic ultrasonography			
	(5) Limited echocardiography			
	(6) Limited procedural ultrasound (e.g., central venous access			
	v. Sedation and analgesia for diagnostic/interventional procedures			
	w. Rapid sequence induction (RSI) with intubation			
<b>SECTION II - COMMENTS</b> <i>(Explain any rating that is "Unacceptable".)</i>				
NAME AND TITLE OF EVALUATOR		SIGNATURE		DATE (YYYYMMDD)